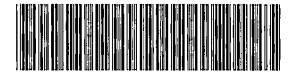
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: KOVNICK JAX, LLC, DBA KOVNICK BROTHERS, LL UName of Limited Liability Company | C |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| HICHAEL KOVNICK Name of Person | |
| KOVNICK JAX, LLC Firm/Company | |
| 301 W. PLATT STR # 222 Address | |
| TAMPA, FL 33606 City/State and Zip Code | |
| HP OTRA VEL CDV. COM E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| PAOLA KOVNICK at (813) 530 5072 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3

| KOVNICK JAXJIC |
|---|
| KOVNICK JAX LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Dec 31 2019 and assigned Florida document number 419000288284. |
| This amendment is submitted to amend the following: |
| A. If amending name, enter the new name of the limited liability company here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: |
| Principal office address MUST BE A STREET ADDRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) |
| 3. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: |
| Name of New Registered Agent: |
| New Registered Office Address: Enter Florida street address |
| , Florida |
| City Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: |
| hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the |

provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|---------------|--------------------------|----------------|
| MGR | PAOLA KOVNICK | 449 S. 12th Str. APT 604 | iX\dd |
| | | TAHPA, FL 33602 | □Remove |
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| Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The encord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the results of the statutory filing requirements of the 90th day after the distilled. Signature of a themselve of authorized representative of a member | | | | |
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| | | | time, at 12:01 a.m. on the earlier of: (b) | The 90th day after the |
| Signature of a member or authorized representative of a member | Dated | July 21 St 202 | <u>. U</u> . | |
| | | - V/ 1/1 // // | | |

Filing Fee: \$25.00